

**DESIGNATION OF APPLICANT'S AGENT RESOLUTION  
FOR NON-STATE AGENCIES**

BE IT RESOLVED BY THE \_\_\_\_\_ OF THE \_\_\_\_\_  
(Governing Body) (Name of Applicant)

THAT \_\_\_\_\_, OR  
(Title of Authorized Agent)

\_\_\_\_\_, OR  
(Title of Authorized Agent)

\_\_\_\_\_  
(Title of Authorized Agent)

is hereby authorized to execute for and in behalf of the \_\_\_\_\_, a public entity  
(Name of Applicant)

established under the laws of the State of California, this application and to file it in the Office of Emergency Services for the purpose of obtaining certain federal financial assistance under P.L. 93-288 as amended by the Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1988, and/or state financial assistance under the California Disaster Assistance Act.

THAT the \_\_\_\_\_, a public entity established under the laws of the State of California,  
(Name of Applicant)

hereby authorizes its agent(s) to provide to the State Office of Emergency Services for all matters pertaining to such state disaster assistance the assurances and agreements required.

☐ This is a universal resolution and is effective for all open and future disasters.

☐ This is a disaster specific resolution and is effective for only disaster number(s) \_\_\_\_\_.

Passed and approved this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Name and Title of Governing Body Representative)

\_\_\_\_\_  
(Name and Title of Governing Body Representative)

\_\_\_\_\_  
(Name and Title of Governing Body Representative)

**CERTIFICATION**

I, \_\_\_\_\_, duly appointed and \_\_\_\_\_ of  
(Name) (Title)

\_\_\_\_\_, do hereby certify that the above is a true and correct copy of a  
(Name of Applicant)

resolution passed and approved by the \_\_\_\_\_ of the \_\_\_\_\_  
(Governing body) (Name of Applicant)

on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

### **OES Form 130 Instructions**

When completing the OES Form 130, Applicants should fill in the blanks on page 1. The blanks are to be filled in as follows:

#### **Resolution Section:**

**Governing Body:** This is the individual or group responsible for appointing and approving the Authorized Agents. Examples include: Board of Directors, City Council, Board of Supervisors, etc.

**Name of Applicant:** This is the official name of the agency, city, county, or state organization that has applied for the grant. Examples include: Sacramento Public Water Works; City of Sacramento; Sacramento County; or California Highway Patrol.

**Authorized Agent:** These are the individuals that are authorized by the Governing Body to engage with FEMA and OES regarding grants applied for by the Applicant. There are two ways of completing this section:

1. **Titles Only:** If the Governing Body so chooses, the titles of the Authorized Agents should be entered here, not their names. This allows the document to remain valid if an Authorized Agent leaves the position and is replaced by another individual. If Titles Only is the chosen method, this document should be accompanied by a cover letter naming the Authorized Agents by name and title. This cover letter can be completed by any authorized person within the agency (e.g.: City clerk, the Authorized Agent, Secretary to the Director, etc.) and does not require the Governing Body's signature.
2. **Names and Titles:** If the Governing Body so chooses, the names and titles of the Authorized Agents should be listed. This will require a new OES Form 130 if any of the Authorized Agents are replaced or leave the position listed on the document.

**Governing Body Representative:** These are the names and titles of the approving board members. Examples would include Chairman of the Board, Director, Superintendent, etc. These typically will not be the Authorized Agent.

**Check Boxes:** Select either Universal (this resolution applies to all open and future disasters) or Disaster Specific (this resolution applies only to the specified disasters. If Disaster specific, fill in the blank with the disaster numbers for which this resolution applies.

#### **Certification Section:**

**Name and Title:** This is the individual that was in attendance and recorded the resolution creation and approval. Examples will include City Clerk, Secretary to the Board of Directors, County Clerk, etc. This person should not be one of the Authorized Agents to eliminate any concerns with possible "Self Certification."